

**CLAIMS ONLY**

Application Number

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2	/					
3	/					
4		/				
5		/				
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50						
Total Indep	8					
Total Depend	14					
Total Claims	22					

\* May be used for additional claims or amendments

		Independents		Dependents		
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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